

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |                             |
|--|---|--|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:        |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / <u>MRS</u> / MR  | FIRST  | MI                          |
|  | NICKNAME  | LAST   | SUFFIX                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |                             |
|  | 1209 Denise Court<br>Lewisville, TX 75067   |  |                             |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER   | EXTENSION                   |
|  | (214)   | 724-5736   |                             |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / <u>MR</u>  | FIRST  | MI                          |
|  | NICKNAME  | LAST   | SUFFIX                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |                             |
|  | 2021 Aspen Drive, Lewisville, TX 75077  |  |                             |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER   | EXTENSION                   |
|  | ( )   | 940  | 735-0071                    |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                             |
|  |   |  |                             |
| 10 PERIOD COVERED  | Month Day Year    Month Day Year<br>6 / 30 / 18    THROUGH    12 / 31 / 18  |  |                             |
| 11 ELECTION  | ELECTION DATE   |  | ELECTION TYPE               |
|  | Month Day Year  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| 12 OFFICE  | OFFICE HELD (if any)  |  | 13 OFFICE SOUGHT (if known) |
|  |   |  | Constable, Pct. 3           |

GO TO PAGE 2

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1 Total pages Schedule F1: <b>1</b>                          |  | 2 FILER NAME<br><b>Jess A. Rodriguez</b>   |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date<br><b>12.1.18</b>                                     |  | 5 Payee name<br><b>Liberty Consulting</b>  |  |  |  |
| 6 Amount (\$)<br><b>500.00</b>                               |  | 7 Payee address; City; State; Zip Code<br><b>902 Timber Creek Dr.<br/>Lewisville, TX 75067</b>     |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br><b>Website Development Fee</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date   |  | Payee name   |  |  |  |
| Amount (\$)  |  | Payee address; City; State; Zip Code   |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)                                       |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date   |  | Payee name   |  |  |  |
| Amount (\$)  |  | Payee address; City; State; Zip Code   |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)                                       |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
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| Date   |  | Payee name   |  |  |  |
| Amount (\$)  |  | Payee address; City; State; Zip Code   |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)                                       |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 500.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeri Rodriguez  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeri Rodriguez, this the 15  
day of January, 20 19, to certify which, witness my hand and seal of office.

April Greenhill  
Signature of officer administering oath

April Greenhill  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath